

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70200	4-28-97
O.I.P.E. CLASSIFIER		12	4/30
FORMALITY REVIEW	AD 100000		5-10-97

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8-3-7
2	✓	✓	11
3	✓	✓	11
4	✓	✓	11
5	✓	✓	11
6	✓	✓	11
7	✓	✓	11
8	✓	✓	11
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10	✓	✓	11
11	✓	✓	11
12	✓	✓	11
13	✓	✓	11
14	✓	✓	11
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43	✓	✓	11
44	✓	✓	11
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46	✓	✓	11
47	✓	✓	11
48	✓	✓	11
49	✓	✓	11
50	✓	✓	11

Claim	Final	Original	Date
51	✓	✓	11
52	✓	✓	11
53	✓	✓	11
54	✓	✓	11
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57	✓	✓	11
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92	✓	✓	11
93	✓	✓	11
94	✓	✓	11
95	✓	✓	11
96	✓	✓	11
97	✓	✓	11
98	✓	✓	11
99	✓	✓	11
100	✓	✓	11

Claim	Final	Original	Date
101	✓	✓	11
102	✓	✓	11
103	✓	✓	11
104	✓	✓	11
105	✓	✓	11
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107	✓	✓	11
108	✓	✓	11
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111	✓	✓	11
112	✓	✓	11
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139	✓	✓	11
140	✓	✓	11
141	✓	✓	11
142	✓	✓	11
143	✓	✓	11
144	✓	✓	11
145	✓	✓	11
146	✓	✓	11
147	✓	✓	11
148	✓	✓	11
149	✓	✓	11
150	✓	✓	11

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)